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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

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## SHOULD THE PATIENT HAVE THE RIGHT OF CHOICE OF PHYSICIAN?

One would be indeed both wise and bold who would offer a complete program of treatment for the "industrial medicine" problem of today, or for that matter who would hazard a prognosis for its future. All persons will admit the controversial nature of the subject and all will also admit that the present policies, methods and procedure are far from what they should be when considered from the standpoint of the public, the patient, the physician, employer or the carrier.

This being a fact, we must of course, expect numerous and frequent changes in methods, with new ones developing from time to time. During this transitional period and until a satisfactory solution of the problem is found, the opinion of any student of the subject upon any phase of the problem is entitled to our consideration. Doctor Myers' article, published in this number of the JOURNAL, will be endorsed in whole or in part by some, and others will as frankly dissent. All will be interested.

The editor desires to invite careful attention to just one point mentioned by Dr. Myers and which runs like a thread through all discussions and legal decisions bearing upon the subject: *It is the right of any sick person to the services of the physician of his choice.* Violation of this prerogative strikes pretty close at the very foundation of our democracy. The Constitution of our country devotes space to the protection of the rights of individuals, and it is at least a question whether a test case would not result in the upholding of the right of choice of physician by any sick person as an inherent right. Certainly such a conclusion is socially and economically sound; has been all but universally recognized

always everywhere except in prisons and in the military.

Violations of this principle always have caused trouble, and there is no record of the permanent success of any organization or law founded upon such a fallacy. The laws of California and of other States and of all countries where social and State medicine are in force, violate this principle both in policy and in practice. It is the principal rock upon which many have been wrecked and which experienced navigators in the waters of compromise are now busy trying to avoid.

Most insurance carriers have violation of this principle as one of their rules and it causes them more trouble than all other problems connected with their work. The alleged reason why insurance carriers take the choice of physician from the patient into their own hands is a financial one. They have learned from experience that they can select physicians who will accomplish more in time saved to injured workmen than will be saved if the workman is allowed to choose his own physician. This, of course, is a fact; but even so, has the insurance carrier, or the law for that matter, the right to invade the grounds of personal liberty to such an extent?

Would we or would we not be better off and all of us be happier if we actually, in law and in practice, allowed every sick person the absolute right of choice of medical attendant from among those qualified by education and experience, in spite of the fact that such privilege would increase the hazards of illness, the cost of medicine and in the case of insurance companies the premium rate?

"Read not to contradict and confute, nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider."—Francis Bacon.

## Book Reviews

**The Allen (Starvation) Treatment of Diabetes.** By Lewis W. Hill and Rena S. Eckman, 4th ed. 140 pp. Boston: W. M. Leonard. 1921.

This compact manual tells practically all that is necessary to know about the carrying out of the author's treatment. It contains no theory, but gives numerous menus, with calorie calculations and receipts, for preparing diabetic food. It is a useful and thoroughly practical book. L. E.

**Roentgen Interpretation.** By George W. Holmes and Howard E. Ruggles. 211 pp. Illustrated. Philadelphia and New York: Lea and Febiger. 1919. Price, \$2.75.

Considering the size of this little book on roentgen interpretation, the subject is well covered, or, perhaps, we had better say that this hand-book has touched upon nearly every subject in the field of roentgen interpretation. Perhaps the best criticism we can make is to say that we believe it can accomplish that which the authors wished for it in their preface, for it will surely "prove of practical aid to those in search of a working knowledge of roentgen interpretation." The book is divided into nine chapters, each dealing with a separate subject as chest examination, gastroenterology, et cetera.

M. D.

**Principles of Human Physiology.** By Ernest H. Starling. 1315 pp. 3rd ed. Philadelphia: Lea and Febiger. 1920.

The third edition of this splendid work needs no great introduction. In spite of all the hand-caps thrown in their way by the anti-vivisectionists, English physiologists continue to lead the world, not only in originality of thought but in technical ability and especially in clearness of exposition. Professor Starling stands in the front rank of his profession, and his book is an exceedingly well written and valuable one. The chapter on "Sense Organs" has been revised and largely rewritten by Mr. Hartridge.

W. C. A.

**Keen's Surgery, Volumes VII and VIII.** By Surgical Experts. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and Clinical Surgery, Jefferson Medical College, Philadelphia. Octavo of 960 pages, with 657 illustrations, 12 of them in colors. Philadelphia and London: W. B. Saunders Company, 1921. Price: Volumes VII and VIII, and Desk Index Volume, cloth, \$25 net per set. Sold by subscription.

These two new volumes supplement and rejuvenate the five original volumes and the other supplementary volume of "good old Keen," who has come to be the American surgeon's standby and friend in need.

The seventh volume contains mainly chapters that are the result of work done during the war. Lovett's, Sir Robert Jones', and Hey-Groves' chapters on orthopedic surgery, Matas' on vascular surgery, Blake's on fractures, are mines of information that will be of great value to industrial surgeons. They are gathered from an experience with the inexhaustible material of six years which we hope may never be duplicated.

The eighth volume contains forty chapters, many of them quite short, on endocrine glands, on the specialties, on abdominal and thoracic surgery. The chapters on endocrine glands are from the Mayo Clinic. They are disappointing; they deal too much in generalities and theory to be practically useful; their theories are not well enough founded nor explicit enough to throw light on our ignorance of endocrine physiology. Hugh Young's

chapter on the prostate brings much that is new and valuable. Heuer's long chapter on thoracic surgery stands out as an unusually complete and careful piece of work, containing much that is original.

Keen's surgery has made itself indispensable. The two new volumes hold their own with the rest of this admirable work. L. E.

## Books Received

**Radiant Energy and the Ophthalmic Lens.** By Frederick Booth. Introduction by Whitefield Bowers, A. B., M. D. 226 pp. 230 illustrations. Philadelphia: P. Blakiston's Son & Co. Price, \$2.25.

**Practice of Medicine.** A manual for students and practitioners. By Hughes Dayton, M. D. Fourth revised edition. 328 pp. Philadelphia and New York: Lea & Febiger. 1921. Price, \$2.25.

**Diseases of Children.** Designed for the use of students and practitioners of medicine. By Herman B. Sheffield, M. D. Formerly Instructor in Diseases of Children, New York Post-Graduate Medical School and Hospital, and Medical Director, Beth David Hospital; Consulting Physician to the Jewish Home for Convalescents and the East Side Clinic for Children. 798 pp. 238 illustrations, 9 color plates. St. Louis: C. V. Mosby Company. 1921. Price, \$9.00.

**General Pathology.** An introduction to the study of medicine, being a discussion of the development and nature of processes of diseases. By Horst Oertel, Strathcona Professor of Pathology and Director of the Pathological Museum and Laboratories of McGill University and of the Royal Victoria Hospital, Montreal, Canada. 357 pp. New York: Paul Hoeber. 1921. Price, \$5.00.

**Organic Dependence and Disease: Their Origin and Significance.** By John M. Clarke, D. Sc., Colgate, Chicago, Princeton LL. D., Amherst, Johns Hopkins, Member of the National Academy of Sciences, New York State Paleontologist. 113 pp. Illustrated. New Haven: Yale University Press. 1921.

**Maternitas.** A book concerning the care of the prospective mother and her child. By Charles E. Paddock, M. D., Professor of Obstetrics, Chicago Post Graduate Medical School; Assistant Clinical Professor of Obstetrics, Rush Medical College; Attending Obstetrician, St. Luke's Hospital. 210 pp. Illustrated. Chicago: Cloyd J. Head & Co. 1920. Price, \$1.75.

**Practical Dietetics.** With reference to diet in health and disease. By Alida Frances Pattee, Graduate Department of Household Arts, State Normal School, Framingham, Mass.; Late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City, etc. Thirteenth edition. Revised. 543 pp. Mount Vernon: A. F. Pattee, Publisher. 1920.

**Story of the American Red Cross in Italy.** By Charles M. Bakewell. 253 pp. New York: The Macmillan Company. 1920.

**Principles of Hygiene.** A practical manual for students, physicians and health officers. By D. H. Bergey, A. M., M. D., Ph. D., Assistant Professor of Hygiene and Bacteriology, University of Pennsylvania. Seventh edition, thoroughly revised. 556 pp. Philadelphia and London: W. B. Saunders Company. 1921.

This means, in fact, that drugless practitioners will not be compelled to comply with any requirements relative to preliminary education. All the requirement that is left is to pass the examination that is required by the Department of Registration and Education.

### A NEW EXAMINING AND TREATMENT TABLE

Recently a very interesting article by Emily Dunning Barringer, M. D., F. A. C. S., of New York City, on "Ward Treatment of Gonorrhoea in the Female," was printed in the New York State Journal of Medicine. The special treatment table referred to was designed by Dr. E. E. Cable, of Portland, Oregon, and is described by Dr. Barringer:

The outstanding feature of the table is a small square drainage box in the lower portion of the table, this drainage box connecting with the waste pipe. Above the table, with hot and cold water connections, is a twenty-gallon tank, with an outlet tube running down to the upper edge of the drainage box. The tank is fitted up with a thermometer and gauge, so that the amount and temperature of the water can easily be read. The patient lies on the table in the lithotomy position with her buttocks protruding over the drainage box. A sterile glass douche tip is attached to the tube at the edge of the drainage box, and the patient inserts the douche tip herself, and holds it in place for about three minutes, during which time she gets about one gallon of irrigation. After this irrigation the speculum is introduced by the physician, and the cervix and vault of the vagina swabbed out with 25 per cent argyrol, and any other special treatment given.

"We have in use three such tables and two supply tanks, each table being connected with both tanks. These three tables can be using one tank at a time, while the other tank is being filled. The practical advantages are cleanliness, control of temperature and pressure, and an enormous saving of time for doctors and nurses. In two hours' time fifty to sixty such douches and treatments can be given. Wherever pus has been found in the urethra or Skene's glands, instillation of argyrol is made into the urethra."

### GENERAL HOSPITALS AND TUBERCULOSIS PATIENTS

The opening of wards in general hospitals for tuberculous patients, as recommended by the American Medical Association at its recent annual meeting in Boston, will, it is believed by the United States Public Health Service, be of enormous benefit not only to most of the two million known victims of the disease in the United States, but also to thousands of others in whom the disease is incipient and easily suppressible, if promptly treated. Tuberculosis in this stage is difficult and often impossible of positive diagnosis, even by an expert; and many persons, even when told by their family doctor that their case is "suspicious" and that they should take precautionary treatment, fear the stigma of an avowed tuberculosis hospital and put off action until recovery has become long and difficult. In a general hospital the diagnosis will not be made public and the family will not be embarrassed, but at the same time all necessary precautions can be taken to avoid danger of infection to others.

In support of the new policy it is argued that in many small cities two hospitals, one general and one tuberculous, can be run only at a loss, but if combined would pay operating expenses, especially as the combined hospital would draw many secret tuberculous cases. Many general hospitals could easily enlarge their facilities by fitting upwards, roofs, porches, and unused open-air spaces and

thus provide greatly needed space for tuberculous patients, both former army men and civilians.

The routine treatment of tuberculous patients in all general hospitals, instead of as at present in only about one-eighth of those in the country, should enable people in moderate circumstances to obtain preliminary treatment in their home towns instead of being forced to go without or to go to resorts. Such preliminary treatment would habituate the patient to the regimen essential to his cure and to the protection of others, and would enable him to go back to his home and get well under home treatment, as he probably would not have done without such training.

### New Members

Lovas, A., Hanford; Goodrich, W. W., San Joaquin; Robinson, Joseph, Anaheim; Blackmun, Ernest L., Stockton; George, W. S., Antioch; von Werthern, H. L., San Francisco; Southard, C. O., San Francisco; Craig, S. A., Ontario; Shaw, H. N., Los Angeles; Hancock, J. M., Los Angeles; Adams, Charles B., Los Angeles; Steen, C. E., Gardena; Ruediger, Gustav, Los Angeles; Fisher, Carl, Los Angeles; Chaffee, Burns, Long Beach; Shirey, Chas. W., Lankershim; Burke, C. A., Los Angeles; Walters, William A., Los Angeles; Trainor, M. E., Los Angeles; Shine, Francis E., Los Angeles; Baxter, Donald E., Los Angeles; Montgomery, R. R., Long Beach; Holleran, James J., Los Angeles; Craig, C. A., Lakeport; Craig, M. A., Lakeport; Wilson, Frank M., Los Angeles; McLaughlin, Tilman H., Los Angeles; Baetz, Walter G., Huntington Park; Robinson, John W., Los Angeles; Prendergast, John W., Los Angeles; Viole, Pierre, Los Angeles; Shipman, Sidney J., Colfax; Nicholls, Robert J., Auburn; Wheeler, J. S., Lincoln; Reynolds, Lloyd R., San Francisco; Bland, George H., Fresno; Yoakam, F. A., Moorpark; Gibson, Arthur C., San Francisco; Profant, H. J., Santa Barbara; O'Donnell, F. J., Stockton.

### Deaths

Austin, S. A. Died in Los Angeles, June 17, 1921. Was a graduate of Rush Medical College, 1877. Licensed in California, 1889.

Bering, Robert Eugene. Died in Los Angeles, August 7, 1921. Was a graduate of Tulane University, La., 1895. Licensed in California, 1901, and a member of the State Society.

Clark, E. M. Died in Oakland, July 16, 1921. Was a graduate from University Vermont, 1908. Licensed in California, 1908. Age 37.

Gordon, Samuel B. Died in Monterey, California, June 13, 1921. Was a graduate of University City of New York, 1889. Licensed in California, 1890.

Kintzi, Erwin J. Died in Los Angeles, July 17, 1921. Was a graduate of University of Southern California, 1919. Licensed in California, 1920.

MacDonald, J. Munroe. Died July 23, 1921. Was a graduate of Medical Department, University of California, 1891. Licensed in California, 1892. Was a member of the Medical Society, State of California.

Morrison, W. H. Died in Los Angeles, California. Was a graduate of Kansas City Medical College, Mo., 1880. Licensed in California, 1887. Also a member of the Medical Society, State of California.

Risdon, Herbert Thomas. Died in Berkeley, California, June 21, 1921. Was a graduate of University of Vermont, 1879. Licensed in California, 1882.